

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 1 4

2. STATE:

NV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42CFR 435.725, 435.733, 435.832 & section
1616, 1924 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ None

b. FFY 2004 \$ None

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6A, page 5 &
Supplement 6 to Attachment 2.6A (2 pages)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 2.6A, page 5 &
Supplement 6 to Attachment 2.6A (2 pages)

10. SUBJECT OF AMENDMENT:

Federal cost of living adjustments for Social Security reflected in adjustments to Standards
for Optional State Supplementary Payments.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael J. Willden

14. TITLE:

Director, DHR

15. DATE SUBMITTED:

12/23/2002

16. RETURN TO:

John A. Liveratti, Chief, Compliance
1100 East William Street, Suite 102
Carson City, Nevada 89701**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 23, 2002

18. DATE APPROVED:

January 8, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

State: NEVADA

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no company spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none">° AFDC level, or° Medically needy level: <p>(Check one)</p> <p><input type="checkbox"/> AFDC levels in Supplement 1</p> <p><input type="checkbox"/> Medically needy level in Supplement 1</p> <p><input checked="" type="checkbox"/> Other: <u>\$ 592.00 for family of 1 & \$152.00 for each additional family member.</u></p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party.</p> <p>(I) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A</u>)</p>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p>

TN No. 02-14
Supersedes
TN No. 02-03

Approval Date JAN - 9 2003

Effective Date 01/01/03

STATE NEVADA
Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by Federal State	Income Level			Income Disregards Employed
		1 - Per	Gross Couple	1 - Per	
(1)	(2)	(3)	(4)	(4)	(4)
<u>Independent Living:</u>					
Aged	X	\$ 1,656.00	N/A	\$588.40	N/A
Blind	X	1,656.00	N/A	661.30	N/A
Disabled*		1,656.00	N/A	552.00	N/A
Both Aged	X	N/A	\$ 2,487	(not to	903.46
Aged/Blind	X	N/A	2,487	exceed	1,053.53
Both Blind	X	N/A	2,487	\$1,656	1,203.60
Aged/Disabled	X	N/A	2,487	per	866.23
Blind/Disabled	X	N/A	2,487	person)	1,016.30
Both Disabled		N/A	2,487	N/A	829.00
<u>Home of Another:</u>					
Aged	X	\$1,104.00	N/A	\$ 392.27	N/A
Blind	X	1,104.00	N/A	581.96	N/A
Disabled*		1,104.00	N/A	368.00	N/A
Both Aged	X	N/A	\$ 1,658.01	(not to	602.31
Aged/Blind	X	N/A	1,658.01	exceed	843.46
Both Blind	X	N/A	1,658.01	1,104.00	1,084.61
Aged/Disabled	X	N/A	1,658.01	per	577.49
Blind/Disabled	X	N/A	1,658.01	person)	818.64
Both Disabled		N/A	1,658.01	N/A	552.67

TN No. 02-14
Supersedes
TN No. 02-03

Approved

JAN - 9 2003

Effective Date 01/01/03

Continued

Payment Category (Reasonable Classification)	Administered by Federal State	Income Level				Income Disregards Employed
		Gross		NET		
		1 - Per	Couple	1 - Per	Couple	
(1)	(2)	(3)	(4)			(4)
<u>In Congregate Care (FCH/AGFC)</u>						
Aged	X	\$ 1,656.00	N/A	\$ 902.00	N/A	
Blind	X	1,656.00	N/A	902.00	N/A	
Disabled*		1,656.00	N/A	552.00	N/A	
Both Aged	X	N/A	\$ 2,487	(not to	N/A	\$ 1,710.00
Aged/Blind	X	N/A	2,487	Exceed	N/A	1,710.00
Both Blind	X	N/A	2,487	\$1,656	N/A	1,710.00
Aged/Disabled	X	N/A	2,487	Per	N/A	1,269.50
Blind/Disabled	X	N/A	2,487	person)	N/A	1,269.50
Both Disabled	X	N/A	2,487		N/A	829.00

* There is neither mandatory nor optional supplementary payment for the disabled in Nevada.

TN No. 02-14
Supersedes
TN No. 02-03

Approved JAN - 9 2003

Effective Date 01/01/03